Fourteenth Loksabha

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Participants : Dasgupta Shri Gurudas,Pandey Dr. Laxminarayan,Tripathi Shri Chandramani,Sen Smt. Minati,Ramdoss Dr. Anbumani,Ramdoss Dr. Anbumani,Malhotra Prof. Vijay Kumar

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Title: Shri Gurudas Dasgupta called the attention of the Minister of Health and Family Welfare to the situation arising out of the increasing incidents of female foeticide leading to continuous decline in the number of female child and steps taken by the Government in this regard.

MR. SPEAKER: The House will now take up item no. 34.

Shri Gurudas Dasgupta.

* SHRI GURUDAS DASGUPTA (PANSKURA): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

> "Situation arising out of the increasing incidents of female foeticide leading to continuous decline in the number of female child and steps taken by the Government in this regard. "

MR. SPEAKER: Mr. Minister, you can lay the Statement on the Table of the House. I hope all the hon. Members have received the Statement.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): Sir, with your permission, I would like to lay the Statement on the Table of the House.

* Laid on the Table and also placed in Library. See No. LT 5631/2006

Sir, Sex ratio (number of females per thousand males) is one the most important indicator used for studying the population characteristics. Declining trend in sex ratio has been a matter of concern for all in the country. Sex ratio in India has declined over the century from 972 in 1901 to 927 in 1991.

In contrast the **child sex ratio** for the age group of 0-6 years in 2001 is **927** girls per thousand boys against **945** recorded in 1991 Census. The encouraging trend in the sex ratio during 1991-2001 was marred by the decline of 18 points in the sex ratio of children below the age of 6 years or below. The Census 2001 figures reveal that the situation is worse in respect of child population in the age group 0-6, Particularly in the affluent regions of Punjab (798), Haryana (819), Chandigarh (845), Delhi (868), Gujarat (883) and Himachal Pradesh (896).

The research studies on declining sex ratio and female foeticide reveal that strong son preference, and low valuation of girls, increasing dowry demands, difficulties involved in brining up a girl child, easy availability of ultrasound and abortion services by various private clinics and people's desire to have a son when they desire a small family of two children are main reasons for increase in female foeticide in the country.

Sex determination techniques have been in use in India since 1975 primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent abortions if the foetus was found to be female. Invariably the person who seeks the illegal service and the service provider, both are in agreement to defeat / circumvent the provisions of the law. Unlike in other cases, both the parties are gainers in this matter. On the one hand, the people are able to get rid of the foetus of unwanted sex and on the other, the service providers are benefited financially. Non-availability of evidence / witness is therefore the main hindrance in the way of punishing errant doctors unless they are caught red-handed.

In order to contain the determination of the sex of the foeuts, which often leads to female foeticide, the **Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994,** was brought into operation from 1st January, 1996. The said Act has since been amended with effect from 14.2.2003 to make it more comprehensive and renamed as **"Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994"** to make it more comprehensible.

The techniques ofpre-conception sex selection have been brought within the ambit of the Act so as to pre-empt the use of such technologies, which significantly contribute to the declining sex ratio. Use of ultrasound machines has also been brought within the purview of the Act more explicitly so as to curb its misuse for detection and subsequent disclosure of sex of the foetus lest it

should lead to female foeticide. The Act prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to facilities of pre-natal determination of sex. Punishments are also prescribed for contravention of its provisions. The person who contravenes the provisions of this Act is punishable with imprisonment upto 5 years and fine upto Rs. 1,00,000.

The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family Welfare has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in the line of the CSB constituted at the Centre has been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority have been made a multi member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act. Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

Ministry of Health and Family Welfare has taken number of steps for implementation of the Act and directions of the Supreme Court.

National Inspection and Monitoring Committee

A National Inspection and Monitoring Committee (NIMC) has been constituted at the Centre to take stock of the ground realities by field visits to the problem States. The Committee visits vulnerable States/districts and submit the report to the Central Supervisory Board (CSB) and the concerned State authorities. It also monitor the prosecutions launched against un registered bodies and bodies violating provisions of the Act /Rules and directions of the Supreme Court of India in the matter. The Committee has been reconstituted in March, 2005 and representatives from Department of Women and Child development,National Commission for Women, Ministry of Law and reputed NGOs have also been included in the committee. After its reconstitution, the NIMC has visited the States/UTs of Maharashtra, Himachal Pradesh, Punjab, Delhi, Gujarat, Andhra Pradesh, Uttar Pradesh, West Bengal, Karnataka, Madhya Padesh and Uttaranchal. The NIMC again visited the State of Delhi in December 2005 and April, 2006.

National Support and Monitoring Cell

A 'National Support and MonitoringCell' with external assistance for effective implementation of the Act by appointing professionals from police, medical, law and social sciences as consultants has been set up. Initially, the Cell is focus on Punjab, Haryana, Gujarat, Chandigarh and Delhi where the problem is more intensive. The major expectation is that the cell will help in putting a mechanism in place so that actual wrong doers who are committing female foeticide/abetting female foeticide by are apprehended by the Appropriate Authorities. They are excepted to network with the Appropriate Authorities / medical officers in the State and step up successful "sting operations" by the Appropriate Authorities to nab the actual wrong doers.

Sensitization of the Appropriate Authorities

The Act empowers the Appropriate Authorities for search, seizure and sealing of machines, equipments and records. Training programs and sensitization workshops have, therefore, been organized to sensitize these Appropriate Authorities on an ongoing basis on various legal issues for the effective implementation of the provisions of the Act and to remove the doubts. A handbook on the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (revised edition) released on 17th February, 2003 has been made available to the Appropriate Authorities.

Sensitization of the Medical Community

Department of and Family Welfare had co-sponsored the December, 2003 issue of Journal of Indian Medical Association on the law and related issues. An appeal from the Secretary, Department of Family Welfare has also been published in this issue, requesting the doctor community to restrain from pre-natal sex determination and pre conception sex selection. The Journal has a wide circulation of about 1.2 lakh medical professionals.

States/UTs and Appropriate Authorities appointed under the Act are continuously arranging meetings with the representatives of Medical Associations like IMA, IRIA, FOGSI for the proper implementation of the Act.

A special edition of this Department's News Letter of April, 2003 was issued on amendment to the Act & Rules. This Newsletter, which has a wide circulation, sent to all health centres in the country and NGOs. Ministry of Health and Family Welfare has given financial assistance to the IRIA for organizing zonal seminars for its members during 2006=07 covering various aspects of the PC & PNDT Act.

Sale of Ultrasound Machines

The Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 regulate the sale of ultrasound machines only to the bodies registered under the Act. Ministry of Health and Family Welfare issued advertisement in various newspapers all over the country about the amendments made in the PNDT Act regulating sale of ultra-sound machines/imaging machines to clinics registered under the Act for the information of doctors and manufactures of such machines.

Reports are received from the manufacturers of the ultrasound machines about the details of clinics/doctors to whom the machines have been sold, so that a check could be kept on the use of these machines by the Appropriate Authorities.

Awareness Generation

It is, nevertheless, recognized that mere legislation is not enough to deal with this problem that has roots in social behavior and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide through Radio, Television, and print media units. Workshops and seminars are also organized through Voluntary Organizations at State/regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from religious/spiritual leaders, as well as medical fraternity to curb this practice.

The situation could change only when the daughters are not treated as burden and the sons as assets and start treating daughters at par with sons. Equal opportunity for the girls in education, equal right in the property etc. will be essential to accomplish the desired objective.

The Government of India has launched 'Save the Girl Child Campaign' with a view to lessen son preference by highlighting achievements of young girls. Theme of the tableau of the Department of Family Welfare shown in Republic Day parade 2004 was 'save the girl child'. During 2003-04, Sania Mirza was the brand ambassador for the 'Save the Girl Child Campaign' CBSC topper Ms. Aruna Kesavan has been appointed as the brand ambassador for the Government's 'Save the Girl Child' Campaign, 2004-05. Ms. Joshna Chinappa, Jr. and Sr. National and Asian Squash champion is the brand Ambassador for 2005-06.

With the massive efforts started to implement the Act in its true spirit and the simultaneous awareness generation activities on the issue of girl child and female foeticide, the overall scenario is expected to move towards improvement.

Publications

(i) **Annual Report, 2005 on Implementation of the PC & PNDT Act:** Ministry of Health & Family Welfare has brought out an Annual Report 2005 on the implementation of the PC & PNDT Act 1994. It has been circulated to all the State Health Secretaries and State Appropriate Authorities besides District Collectors and Chief Medical Officers. The Report has also been circulated to all the Hon'ble Members of Parliament.

(ii) Brochure titled 'Missing' : A brochure titled 'Missing', (November, 2003)showing maps exhibiting areas of adverse child sex ratio in India was released by the Hon'ble Minister for Health and Family Welfare.

(iii) Handbook on PNDT Act : Handbook on PNDT Act 1994 and amendments (revised edition) has also been released on 17th February, 2003. It gives complete act and rules including the amended portion. Copies of the same have been sent to all State Governments and Appropriate Authorities. The Act and the Rules including amendments made to the Act and Rules have been put on the website of the Department for the use of general public.

(iv) Frequently Asked Questions: The Ministry of Health and Family Welfare, in collaboration with the United Nations Population Fund (UNFPA) are developed 'frequently asked questions' about the PNDT Act which will be useful to the lay persons, medical community and to the Appropriate Authorities in understanding the provisions of the Act for better implementation.

Training of Judiciary: With a view to sensitize the judiciary, services of National Judicial Academy, Bhopal were taken during 2005-06. The National Judicial Academy provided training to trainers from the state judicial academies who in turn will provide training to the judiciary in the area under their jurisdiction. The training of trainers took place in September 2005. National Judicial academy has been requested to impress upon the State Judicial Academies for starting the training of judiciary and include the issue in the regular curriculum of the training of judiciary.

Involvement of District Magistrate : District Magistrate have been requested to regularly review the implementation of the PC & PNDT Act along with other programmes in their district.

Website on PNDT: A website for informing the public about the information/ activities being undertaken by the Ministry of Health and Family Welfare has been developed. For accessing the website the user has first to go to the website of the Ministry (www.mohfw.nic.in). From the main page one can then go to 'Implementation of pre-conception and Pre-natal Diagnostic Techniques Act'. Provision for registering online complaints about the doctors/ clinics doing sex determination has been made on this website.

Meetings of the Central Supervisory Board : Meetings of the Central Supervisory Board (CSB) of PC & PNDT Act are being held regularly every six months under the Chairpersonship of Minister of Health and Family Welfare. So far, 14 meetings have been held and the last meeting was held on 14th June, 2006 where Hon'ble Members of Parliament from the States of Punjab, Haryana, Chandigarh, Delhi, Rajasthan and Gujarat were invited besides the women Members of Parliament.

SHRI GURUDAS DASGUPTA (PANSKURA): Sir, if you permit me to say, this is a mediocre, intermediate class essay. … (*Interruptions*)

MR. SPEAKER: Strong words do not help in this matter.

… (*Interruptions*)

SHRI GURUDAS DASGUPTA : The Government, at least the Minister, is not taking into account the problem arising out of gender syndrome in the country, which seeks to upset the balance of demographic composition of the country. The Statement is unfortunate and is devoid of any commitment whatsoever with regard to the most challenging question and problem before the nation.

It is with a deep indignation, a sense of grief, and a feeling of shame with a degree of anger, that I seek to raise the issue -- a matter of national catastrophe, rather a calamity -- the shocking revelation of slide in child sex ratio in the country.

It is not the doctors who are to be blamed and hauled up for this; and it is not the Government alone which is to be put on the dock. We all should be blamed for not being able to

build up a national awareness movement in order to tackle this basic problem of imbalance which is slowly creeping into the population of the country.

The imbalance of demographic composition is liable to tarnish the image of India, and it is sure to tamper with the dignity of Indian nationalism. It is not the men alone who is to be blamed; it is women who are also to be blamed equally. What is the most shameful is that India is at the bottom of international chart, far worse than even Nigeria and far worse then even Pakistan. India has the distinction of being followed by our great neighbour, that is China. If the magnitude of the negative sex ratio is measured, it is 937 girls as against 1000 boys. According to the UNICEF Report, which has not yet been published, it is found that in eighty per cent of the districts of the whole of India, the sex ratio is on the decline.[MSOffice14]

The worst offender is Punjab. It is only 798 girls per thousand male children. It is so in the prosperous State of Punjab. Punjab is closely followed by Haryana, Himachal Pradesh, Uttaranchal. Even the long distance Arunachal Pradesh has entered into the hall of shame. Even Delhi, the citadel of Indian political power, shamefully can be accused of falling a victim to gender cynicism. It is a cosmopolitan city, as we claim. Even then, the situation is so awfully bad. It is continuing. There has been a drop of 41 points in the composition of population in Delhi in the recent period. It has come down to 865 from 915. I am sorry to say that my State of West Bengal is also in default. Kerala stands out as the shining example of the symbol of difference. It is in the company of Puducherry and Lakshadweep.

Apart from the UNICEF report, there is another report. The hon. Minister does not refer to any inconvenient report that has been published by the international agencies. He is depending only on his access to information. The Indo-Canadian Report says about this. Sir, what a shame that in 20 years, we have killed one crore infant girls in the womb of the mother! What a shame!! It is a shame and there is no lamentation by the Minister in charge of it.

MR. SPEAKER: Now, come to your subject. What is the good of accusing each other? It does not help.

SHRI GURUDAS DASGUPTA : Yes, Sir, I am accusing because the Statement is devoid of any commitment whatsoever.

MR. SPEAKER: Please put your question now.

SHRI GURUDAS DASGUPTA : The point is this. What is the impact of this negative sex ratio? There is an impact. The impact is that millions will remain bachelors. In China, 40 million bachelors are there at the moment. This negative ratio will lead to social perversion, strife, explosion of AIDS and HIV. Above all, it is going to upset the social tranquility. Hon. Prime Minister, it is a shame. We need a peaceful atmosphere in the country. But the negative ratio is going to upset the social tranquility in the country.

MR. SPEAKER: Now, you put your question. I have allowed you for more than six minutes.

SHRI GURUDAS DASGUPTA : Sir, please allow me for two more minutes.

MR. SPEAKER: No. The whole purpose of Calling Attention is being frustrated with long speeches.

SHRI GURUDAS DASGUPTA : It is not. The country must know.

MR. SPEAKER: There are methods of knowing it. You can come with a notice under Rule 193.

SHRI GURUDAS DASGUPTA : There is the issue of to what extent the law has failed. The country must know the wider ramifications, which the Minister is not conscious of at the moment. … (*Interruptions*)

Nearly 60 years of political freedom has not been able to generate the gender awareness in the country.

MR. SPEAKER: The problem is there. Please put relevant questions.

… (*Interruptions*)

SHRI GURUDAS DASGUPTA : It is not only that. There is a downgrading of women and degenerated male chauvinism in the country.

MR. SPEAKER: We are all responsible for that.

SHRI GURUDAS DASGUPTA : We are all responsible. I hold me to be responsible for that. But I am the father of only one child which is a female child.

MR. SPEAKER: You could not have organized that.

SHRI GURUDAS DASGUPTA : I left it to the hon. Presiding Officer to take care of the problem of organization! … (*Interruptions*)

Most unfortunately, it is the rich and the affluent people of our country who are in default. It is not the poor people who are in default to that extent. Unfortunately, it is the shining urbanity which is in the wrong side of it. It is the dwindling down rural areas which are not in default to the extent of the urbanity of India. It is most unfortunate. Therefore, I would appeal to the nation through this national forum, under your leadership, Sir, to ponder over it.[R15]

I appeal to all social forces, to the nation as a whole, to rise in revolt against this social atrocity that is got to be committed unnoticed in the country and not taken care of by the Government.

Sir, in my opinion, it is the male child mania that has over taken the country. It is a terrorism of superior sex. So, multi-pronged programme has to be undertaken. Of course, the Government is there at the Centre, but there has to be a social movement, there has to be a social awareness and all

political parties, social groups must take upon themselves to counter act the catastrophic impact on the negative sex ratio in the country.

At the same time, the Government must take care of the issue of stringent application of law. I plead for incentive for the girl children of the country. There should be financial incentives for the girl children, for the empowerment and for the education also. At the same time, I appeal that violation, which is taking place all over India, is taken more seriously by the Ministry, by the Government than it is being taken at the moment.

I wish the nation rises to the occasion and takes care of the crippling catastrophe which will kill India's own social system… (*Interruptions*)

डॉ. लक्ष्मीनारायण पाण्डेय : अध्यक्ष महोदय, देश में बालिका भ्रूण हत्या की जो घटनाएं हो रही हैं, वह एक बड़ा सामाजिक अपराध है। हम उसे जितनी गम्भीरता से लें, उतना ही आवश्यक है और उसे रोकने के लिए कदम उठाए जाएं। यहां एक वक्तव्य दिया गया और वक्तव्य में जिन राज्यों की चर्चा की गई, मैं उनका उल्लेख नहीं करना चाहूंगा लेकिन सम्पन्न राज्य जैसे दिल्ली, हरियाणा चंडीगढ़, गुजरात और हिमाचल प्रदेश हैं। वहां जिस अनुपात में उनकी कमी हो रही है, वह हमारे लिए चिन्ता का विाय है। इसके लिए सरकार द्वारा कुछ कदम भी उठाए गए थे। एक "बालिका बचाओ अभियान" चलाया गया था। मैं सरकार से जानना चाहूंगा कि "बालिका बचाओ अभियान" द्वारा क्या फल और परिणाम सामने आए हैं? यह अभियान कुछ समय तक चला और उसके बाद समाप्त हो गया। आज उसके बारे में चर्चा भी नहीं होती है। क्या आप फिर से इस प्रकार का कोई कदम उठाएंगे जिससे सामाजिक जागरूकता पैदा हो और हम भ्रूण हत्या को बचा सकें।

तीसरी बात मैं कहना चाहूंगा कि जो पर्यवेक्षी बोर्ड बनाए गए हैं, वे राज्यस्तरीय बनाए हैं। राज्य स्तरीय पर्यवेक्षी बोर्ड भी अभी तक बने हैं या नहीं? यदि बने हैं तो उनकी कितनी बार बैठकें हुई हैं? जिन राज्यों में पर्यवेक्षी बोर्ड नहीं बने हैं, उनके लिए आप क्या करने जा रहे हैं ताकि वहां पर्यवेक्षी बोर्ड बन जाएं और उनका कार्यान्वयन हो सके। मंत्री जी ने मॉनिटरिंग कमेटी की बात की है। उसकी कोई जागरूकता नहीं है और वस्तु स्थिति सामने नहीं आई है। वह किस तरह से कार्य कर रही है? मैं जानना चाहूंगा कि जो राट्रीय मॉनिटरिंग कमेटी है और आपने जिन राज्यों को नामित किया है, कहां-कहां मॉनिटरिंग कमेटी ने दौरा किया है? दौरा करने के बाद वस्तु स्थिति का पता लगाया है तो वह क्या है? कितने ऐसे निकायों का पता लगाया है जो अपंजीकृत हैं, जिन के पास अल्ट्रासाउंड हैं और अल्ट्रासाउंड से आज भी ये कार्य हो रहे हैं? जो कम्पनियां अल्ट्रासाउंड बनाती हैं, उनको भी निर्देश दिया है कि वे किन-किन को बेच रही हैं, उनकी सूचना सरकार को दें ताकि ऐसे अपंजीकृत या पंजीकृत संस्थान जहां अल्ट्रासाउंड हैं और अवैध कार्य हो रहे हैं उनका पता लगाया जा सके तथा भ्रूण हत्या पर रोक लगायी जा सके।

अध्यक्ष महोदयः आपको एक प्रश्न पूछने का मौका मिला था लेकिन आपको पांच प्रश्न पूछने का मौका मिल गया।

डा. लक्ष्मी नारायण पांडेय :मैं समाप्त कर रहा हूं। मैं सरकार से जानना चाहूंगा कि इन पर रोक लगाने के लिए जो उपाय बताए हैं, उनके क्या परिणाम सामने आए हैं और उन उपायों की राज्य स्तरीय क्या व्यवस्था की है?

अध्यक्ष महोदयः श्री चन्द्रमणि त्रिपाटी। आप केवल प्रश्न पूछिए

श्री चन्द्र मणि त्रिपाठी (रीवा) : अध्यक्ष महोदय, मैं प्रश्न तो करूंगा लेकिन उसके पहले एक निवेदन करना चाहूंगा। वक्तव्य में जो आंकड़े दिए गए हैं, सबसे ज्यादा जनसंख्या अनुपात में अन्तर पंजाब, हरियाणा और चंडीगढ़ में है। उसके सबसे बड़े कारण का मैं इसलिए जिक्र करना चाहता हूं कि अगर रोग के कारणों को नहीं जानेंगे तो उनका निदान ठीक से नहीं हो पाएगा।इसका सबसे बड़ा कारण यह रहा है कि हमारे देश में अभी तक अधिकांश आक्रमण इन्हीं इलाकों से हुए और अपने सम्मान की रक्षा के लिए वहां एक हीन भावना भर गई है कि जब लड़कियों के साथ अपमान होता था, इसलिए जब तक वह भावना दूर नहीं की जाएगी, …(व्यवधान)

अध्यक्ष महोदय : यह डिसकशन नहीं है।

...(व्यवधान)

श्री चन्द्र मणि त्रिपाठी : अध्यक्ष जी, मेरा एक निवेदन सुन लीजिए।

MR. SPEAKER: No; I would not allow this. आप प्रश्न पूछ लीजिए।

श्री चन्द्र मणि त्रिपाठी : अध्यक्ष जी, आखिर यह जो जनसंख्या का अनुपात आया है, इसके दो ही कारण हैं। एक तो लड़कों का जो सम्पत्ति पर अधिकार होता रहा है और दूसरा लड़कियों का अपमान होता रहा है। पांच-पांच लड़कियां हो जाती हैं लेकिन एक लड़के के लिए लोग बच्चे पैदा करने का क्रम जारी रखते हैं। इसलिए मेरा कहना यह है कि जब तक लोगों में अवैयरनैस नहीं आएगी, तब तक ये जो भ्रूण हत्याएं हो रही हैं, इनको रोका नहीं जा सकता।...(व्यवधान)

MR. SPEAKER: No; I would not allow this.

श्री चन्द्र मणि त्रिपाठी : अध्यक्ष महोदय, मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहूंगा कि जनसंख्या के अनुपात में जो स्त्री-पुरुा का अन्तर आया है और उसके अलावा जो ये भ्रूण हत्याएं हो रही हैं, पिछले दस वर्षों में ये भ्रूण हत्याएं ज्यादा बढ़ी हैं। गरीब तबकों के बजाए ये हत्याएं पढ़े-लिखे तबकों में ज्यादा बढ़ी हैं। इसलिए कुछ कानून बना देने से ये भ्रूण हत्याएं नहीं रुकेंगी। इसलिए मैं माननीय मंत्री जी से जानना चाहूंगा कि अगर किसी के एक लड़की ही है तो क्या उसके लिए केन्द्र सरकार कोई इनीशिएटिव लेने जा रही है ? जब तक यह व्यवस्था नहीं होगी, तब तक यह घिसा-पिटा स्टेटमेंट देने से भ्रूण हत्या नहीं रुकेगी और यह जो जनसंख्या में स्त्री-पुरुा के अनुपात में जो अन्तर आया है, वह कम नहीं होगा। मैं आपके माध्यम से माननीय मंत्री जी से निवेदन करना चाहूंगा कि सदन और देश को इस बारे में आश्वस्त करें।

MR. SPEAKER: I do not mind such a matter being discussed under Rule 193. I would be very happy if such a matter is discussed under Rule 193. Earlier also, I had allowed another Call Attention on this. The matter is very important. But we have to follow the rules and procedures.

प्रो. विजय कुमार मल्होत्रा (दक्षिण दिल्ली) : अध्यक्ष जी, यह प्रश्न किसी विशेा वर्ग का या राजनीति का है, ऐसा नहीं है। यह सारे देश का प्रश्न है और 1901 से लेकर अब तक इसमें गिरावट आती चली गई है। इसलिए कोई एक सरकार या दूसरी सरकार जिम्मेदार है, ऐसी बात भी नहीं है। मैं तो केवल दो-तीन बातें माननीय मंत्री जी से जानना चाहता हूं। इसमें लिखा है कि पांच साल की सजा और एक लाख रुपया जुर्माना होगा। क्या एक भी व्यक्ति को आज तक पांच साल की सजा और एक लाख रुपया जुर्माना हुआ है? हर आदमी जानता है कि कौन से डॉक्टर ये कर रहे हैं। यहां पर स्टिंग-ऑपरेशन में भी उन डॉक्टर्स की लम्बी लिस्ट आई जो इन भ्रूण हत्या में शामिल हैं। किसी पर आज तक कार्रवाई नहीं हुई। अगर आज तक कोई कार्रवाई नहीं हुई और यह कानून बनाने के बाद भी किसी से भी पूछ लीजिए, वह बता देगा कि फला डॉक्टर के पास जाइए, वहां से पता चल जाएगा, वहां जाकर एबॉर्शन हो सकता है। ये सारी बातें सारे लोग जानते हैं परंतु आज तक किसी के खिलाफ कभी कोई कार्रवाई नहीं हुई। इसलिए पहली बात यह है कि इस पर सख्त कार्रवाई होनी चाहिए।

दूसरे, क्या माननीय मंत्री महोदय सभी धार्मिक नेताओं से भी बातचीत करेंगे और उन धार्मिक नेताओं से बातचीत करके, क्योंकि कुछ धर्मों ने इस पर बैन लगा रखा है, कुछ धर्मों में ऐसा है, जैसे हमारे अपने ही धर्म में है कि जब विवाह होता है तो सौ पुत्रों की मां बने या पुत्रवती हो। इसी तरह के आशीर्वाद वहां दिये जाते हैं। क्या यह हो सकता है कि उनसे बातचीत की जाए और उनमें परिवर्तन किया जाए? ये जो सौ पुत्र पैदा हों या पुत्रवती हो और पुत्री का नाम कहीं नहीं आता है। इसी तरह से मुस्लिम धर्म में और दूसरे धर्मों में जो इस पर प्रतिबंध है कि इस प्रकार की कोई चीज नहीं करनी चाहिए। क्या इस बारे में उनके धार्मिक गुरुओं से बातचीत करके क्या मंत्री महोदय एक ऐसी अवैयरनैस बनाने की कोशिश करेंगे क्योंकि मैं समझता हूं कि यह एक ऐसा अभिशाप है जिस पर सारा देश एकमत होना चाहिए और न केवल इस काम में पुरुा ही बल्कि महिलाएं भी बहुत जिम्मेदार हैं, इस काम के लिए वे ही सामने आती हैं । सारे देश को मिलकर इस अभिशाप को दूर करना चाहिए।

MR. SPEAKER: Thank you, Prof. Malhotra. Yours was a very pertinent question.

SHRIMATI MINATI SEN (JALPAIGURI): Sir, I urge upon the Chair to recall a presentation made by Ms. Bharati Ali of HAQ, Centre for Child Rights on "Girl Child", which was circulated on 10th December, 2006 to Memmbers of Committee on Parliamentary Forum on Children.[r16]

13.00 hrs.

The Report depicts a horrible picture of girl child infanticide. I want to know from the Government whether the Ministry of Health and Family Welfare agrees to the views, data and information presented by Ms. Ali. What is the opinion of the Government regarding this Report?

DR. ANBUMANI RAMADOSS : Sir, firstly, I would like to thank the hon. Members who have brought out a very, very sensitive, very emotive and very important issue by way of Calling Attention of the Government. Like the hon. Members have said, this issue is not only a medical issue but this is also a social issue which is there in our culture, which has been there for quite some time. Also, this requires not only the Government but everybody, the civil society, the NGOs, should come together to address this very, very huge problem.

We are doing a lot of progress on the economic front. But then we have this problem of declining sex ratio. In 1901, it was 972. In 1991, the sex ratio came down to 927. In 2001, it had risen to a small amount to 933 per thousand male children. But then this is the total sex ratio. But the child sex ratio is a huge problem. In 1991, it was 945 and it came down to 927 in 2001. It is again a huge problem and it is very much alarming the Government also.

The Government, after taking over, has been taking a number of steps. In fact, my predecessor, Mrs. Sushma Swaraj has done wonderfully well in this regard when she was Minister and she had taken a lot of steps. We are continuing with that. We have a lot of improvisations that are being done. The Government, as such, has brought an Act called 'The Pre-Conception and Pre-Natal Diagnostic Test Act'. Under this Act, we have this body, which the hon. Members have said about. It is called 'The Central Supervisory Board' where the Health Minister is the Chairman. Recently, we have enacted an amendment. The Head of the Women and Child Development (WCD) Ministry also co-chairs so that both the Ministries will be involved in tackling this huge problem.

Similarly, there are State Supervisory Boards. Then, we have appropriate authorities at all districts and States. These are the main authorities which are going into this issue. If there is any issue, they go there. They have the powers to go, inspect the institute, take action, seize the ultrasound equipment and recommend action also.

Then, we have the National Inspecting and Monitoring Committee which helps and assists the Government in going to the entire country, going out there and in inspecting them. We have another National Support and Monitoring Cell. These two Committees and the Cell do monitoring operations on any of these deterring institutes or doctors or any other diagnostic centres.… (*Interruptions*) I will come to that.

SHRI GURUDAS DASGUPTA : He is only reading out the statement.

DR. ANBUMANI RAMADOSS: I am coming to that. Allow me to answer. I know it is a very emotive issue. … (*Interruptions*)

MR. SPEAKER: Do not interrupt the Minister.

DR. ANBUMANI RAMADOSS: Definitely, I had a consultation with the hon. Members. I am coming to that. I am telling the hon. Members about the steps that we are trying to take. The Government has gone through sensitizing the judiciary which needs a lot of sensitization. In Bhopal Academy, we have sensitized because we catch the people but then, due to judiciary, they are released. They release these doctors. So, we are trying to sensitize them to the situation.

Also, again we are trying to sensitize the medical communities. Of course, we have a regulation of the sale of ultrasound machines. Today, we have about 30,370 ultrasound machines all over the country. We have a very stringent pattern of registration and regularization of them. Even if they replace the older machines, they need to get the permission of the authorities. Also, we are involving a lot of NGOs. We have mother NGOs in almost all the districts of the country and we are using them to go through and sensitize the people out there[MSOffice17].

Of course, we are doing a lot in the last few years and you could have seen a lot of IEC campaigns that have been coming out in the television and the radio. A lot of spots have been going under the National Rural
Health Mission about 'Save the Girl Child' campaign and the importance of the girl child. In fact, Prof. Malhotra was asking about the religious leaders. We are using a lot of religious leaders. I have also participated in functions of religious leaders where Swami Agnivesh and others were there. They have taken up this campaign. They had gone for *Padayatras* and we are sensitizing them and asking them to take up this issue. We are conducting workshops at the Panchayat level because they are the main people who should be involved in this programme and this starts from that Panchayat level.

The Government of India has launched a National Rural Health Mission last year and ASHA, Affiliated Social Health Activists, is created. … (*Interruptions*)

SHRI GURUDAS DASGUPTA : What is his view? … (*Interruptions*)

MR. SPEAKER : What is this? He cannot go on changing his statement because he is replying. Let him complete.

… (*Interruptions*)

DR. ANBUMANI RAMADOSS: I am coming to that. You need to know what the Government is doing. I am saying the same thing. … (*Interruptions*)

MR. SPEAKER : If he is interrupted, how can he complete? Let him complete.

DR. ANBUMANI RAMADOSS: I will come to your question later on. First I will tell what the Government is trying to do and I will come to your individual queries later on. … (*Interruptions*)

MR. SPEAKER : Please go on.

DR. ANBUMANI RAMADOSS: It is my duty to tell the House what are the steps that the Government is taking. Then I will answer the queries.

Sir, in the National Rural Health Mission ASHA, Affiliated Social Health Activists, is an important component. ASHAs are being sensitized that they go immediately when there is a pregnancy or a birth. It is their duty to inform the officer. That is the main problem. As soon as there is a pregnancy, the ASHA people have to register the pregnancy so that these people cannot go and have abortions, feticides etc. This is a very very important component which we are trying to link up in the National Rural Health Mission.

Also, we have taken a number of steps. Shri Maxwell Pereira, former Joint Commissioner of Police, had been on the National Supervisory and Monitoring Cell. He was also advising us and going around.

Coming to the queries of the hon. Members, I know that Shri Gurudas Dasgupta is a very emotional man using very strong words. He is right in saying that not only the Government but everybody should be blamed. We are not going and blaming here. Sir, this is not only a medical issue but also a social issue.

MR. SPEAKER : There should be introspection everywhere.

DR. ANBUMANI RAMADOSS: Yes, Sir, definitely. In the month of June, in fact on 14th of June, I have invited all the women Members of Parliament and also the Members of Parliament of five States, namely Punjab, Haryana, Delhi, Gujarat and Himachal Pradesh, to attend the Central Supervisory Board meeting. I have sent invitations to them. But then only 17 of them turned up and only one woman Member of Parliament came for that meeting. In that meeting we had discussed a lot of serious issues. I have told them to give me suggestions as to what to do and what the Government should do and how should the Government cooperate with all the Members of Parliament. This is a social problem where the Members of Parliament should be leaders and in their constituencies they should take up this issue in a very very challenging manner.

Also at that meeting we decided that we will give Rs. 5 lakh to each Member of Parliament in these five States just for awareness creation. Every year we will give them Rs. 5 lakh for awareness creation only for this issue of reduction of sex ratio in these States of Gujarat, Punjab and Delhi. This is something which we are trying to do. … (*Interruptions*)

SHRIMATI KIRAN MAHESHWARI (UDAIPUR): Sir, for Rajasthan also something should be given. … (*Interruptions*)

MR. SPEAKER : Please do not interrupt him, Kiranji.

… (*Interruptions*)

MR. SPEAKER : Do not do that. What is this?

… (*Interruptions*)

प्रो. विजय कुमार मल्होत्रा : ये जो पांच लाख रुपये एम.पीज़को देंगे, It will create a problem. … (*Interruptions*)

DR. ANBUMANI RAMADOSS: Sir, let me complete. … (*Interruptions*)

MR. SPEAKER : Then I will have to close this discussion. You cannot go on interrupting the Minister.

DR. ANBUMANI RAMADOSS: The hon. Members were saying that in the most developed States the problem is bigger. Yes, Sir. It is there. In fact, it is more of the rich people who take up these issues in Punjab, Haryana, Himachal Pradesh and Delhi. In fact, in Delhi recently the Government had gone and suspended 195 ultrasound clinics which were not submitting monthly reports. Of course, two of the doctors were jailed. This is something which has taken place in Delhi.

Of course, Shri Gurudas Dasgupta is very right in saying that if this trend goes on then more people will become bachelors. Already a social problem has been there. He has appealed to all political parties. Incentive as such to the girl child is given. Some of the States have been doing this at the State level also. The Government will definitely consider it. Of course, Dr. Laxminarayan Pandeya has asked – what happened to the 'Save the Girl Child' campaign. This is an on-going campaign which is going on in a very big way. If you could see, in the last few months and years, there has been a lot of campaign going out in the media. We have our Brand Ambassadors. Earlier it was Ms. Sania Mirza. Now we have Ms. Aruna Kesavan, Ms. Jyotsana Chinnappa. All these Brand Ambassadors we have as a symbol of achievements of girl child.

We go out. This is the biggest programme of the Government. A lot of campaigns and the multimedia have been going on at this time. Almost all the Boards in all the States have been put in place. The problem, again, is at the level of the appropriate authority at the district level. The Medical Officers are the Chairmen of these Boards. There are problems which we are facing today because some of the Medical Officers do not tend to take action against erring doctors as such because they are their colleagues. So, we are trying to change this. In the next Central Supervisory Board meeting, which is going to be held in a few weeks from now in the month of January, we will have a lot of changes and we will try to bring in a lot of changes. We are trying to have stricter laws.

In fact, Prof. Malhotra was saying about Rs. 5 lakh in one year. We are trying to increase the penalty and through this, we are going to sensitise them. We are also trying to bring an amendment to the PNDT Act in this regard. Of course, we will address the problems of the Committee.
We have identified a number of institutes.

As on 30th November, a total of about 405 ongoing cases have been filed against the violators. Out of 405 cases, 56 cases are booked for communicating sex of foetuses, 192 for non-registration, 79 for non-maintenance of records, 36 for advertisements and 42 cases for other violations. There are 74 ongoing cases in Punjab, 71 in Gujarat, 56 in Delhi, 53 in Maharashtra and 47 in Tamil Nadu. In addition, 246 cases were decided and closed.

About sting operations, I would submit that some of the private individuals and channels have tried to do it. They had three sting operations in UP, six in Bihar, one in Delhi, and 62 in Rajasthan. We had written to all the State Governments to take action. The Government of Rajasthan has taken action against them. FIRs have been filed. Gujarat had three and MP had four such operations.

Shri Tripathi wanted incentives and Prof. Malhotra wanted to know whether any person has been held under the Act. Since this is a very sensitive issue, the Government is trying to introspect the problem again. There has been one conviction so far, but the Government is introspecting on this issue. That is why, I say we would have a lot of suggestions in the next CSB meeting. Already in the last meeting, we had a lot of suggestions. In the next meeting, we are going to have more suggestions so that we will bring an amendment to the PNDT Act so as to bring in more stringent and penalty clauses. We will involve more personnel to handle this issue as such because today the appropriate authorities are taking action and we need to involve a lot more social society and NGOs into it.

SHRI GURUDAS DASGUPTA : Will the Minister take lead in developing a national campaign involving everybody and set up a national campaign for that?

DR. ANBUMANI RAMADOSS: Definitely, Sir.

MR. SPEAKER: He said that he had called a meeting and hardly any Member of Parliament was present.

… (*Interruptions*)

MR. SPEAKER: Let us make some introspection.

… (*Interruptions*)

MR. SPEAKER: This does not sound well so far as Members are concerned.

DR. ANBUMANI RAMADOSS: Sir, I submit that I will take up this personally as a challenge and definitely, the Government will go all out because this is a problem which the country is going to face in future and will affect the future development of the country. This is a very serious and sensitive issue.

SHRI GURUDAS DASGUPTA : The Government has to be committed!

DR. ANBUMANI RAMADOSS: The Government is 100 per cent committed on this. That is why, I need all the co-operation of all the hon. Members to take up this issue. I would request them that when they go to their constituencies, they may try to address this problem since this is a social problem.

He asked whether the Minister will hold dialogues with religious leaders. We are already holding dialogues. I have personally attended the functions with religious leaders because they are the ones who go out there. A lot of *padyatras* have been taken out.

Shrimati Minati Sen has said whether the Governments agrees to the Report of Shri Ali. I have not yet come across the Report. I will go through the Report and if there are some issues in the Report, we will bring them to the next meeting of the Central Supervisory Board.

Sir, I would like to reiterate the Government's 100 per cent commitment. This is a very serious and important issue for the development of our country. We will go all out to tackle this problem. We need some modifications and changes which we are trying to do. In fact, from the last CSB meeting, we have now reconstituted the same Board. We are putting a lot of very committed NGOs in the Board and also the National Commission for Women.

SHRI GURUDAS DASGUPTA : What about panchayats?

MR. SPEAKER: He has said about that.

DR. ANBUMANI RAMADOSS: I have already answered. We are conducting workshops for panchayats. This is where the main issue stems from. The main issue starts from the Panchayat level. In fact, we have had a series of workshops, which we will increase again. I would need the participation of hon. Members of Parliament in the Panchayats. We are very committed on this issue.

PROF. VIJAY KUMAR MALHOTRA : Sir, much more needs to be done. … (*Interruptions*)

MR. SPEAKER: I think that this is a national issue.

… (*Interruptions*)

SHRI GURUDAS DASGUPTA : Sir, the reply of the hon. Minister is totally unsatisfactory. … (*Interruptions*)

MR. SPEAKER: I am sorry. There will be no luncheon recess.

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